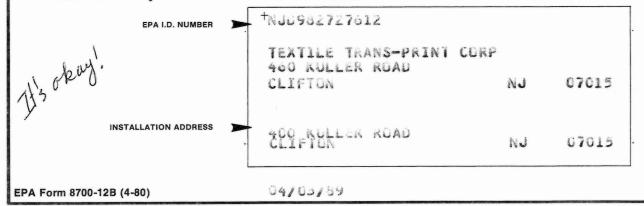


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency Washington, DC 20460

SEPA

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation)

For Official Use Only	3 Waste A	Cervity	and Recovery	Act).
· F	nments			
C C				
Installation's EPA ID Number	Approved (Date Receiv	red day)	031
CAIT DO 8 DID 2011 TVA C	Approved	0 5 6	04/	031. 0 ₀ 55a1C
I. Name of Installation		1903	241	74 3300
T E X T I L E T R A N S - P II. Installation Mailing Address	RIINT	Le CO	R P .	
	or P.O. Box			
3 4 6 0 K U L L E R R O A	D			
3 4 6 0	ID I	<u> </u>	State	ZIP Code
_C				
III. Location of Installation			N J	0 7 0 1 5
Street or F	Route Number			
4 0 0 K U L L E R R O A D				
City or Town			State	ZIP Code
6 C L I F T O N			NJ	0 7 0 1 5
IV. Installation Contact				
Name and Title (last, first, and job title)		Phor	ne Number (are	ea code and number)
2 B E L L O , J O H N P R	ES.	20	1 5 4	6 5 4 0 0
V. Ownership			(a c	
A. Name of Installation's Legal Owner		History week soil	B. Type of C	Ownership (enter code
-C A L L S T A T E C A N C O R T E X T I L E T R A N S -	R P . P R I N	T	P	
VI. Type of Regulated Waste Activity (Mark 'X' in the ap	propriate boxes.	Refer to ins		
A. Hazardous Waste Activity		B. Used Oi	I Fuel Activition	es es
1a. Generator 1b. Less than 1,000 kg/mo.	6. Off-Specific	ication Used Oil	Fuel	low!
☐ 2. Transporter☐ 3. Treater/Storer/Disposer		nerator Marketi		1044)
4. Underground Injection		her Marketer	ing to Duriner	
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	☐ c. Bur			
a. Generator Marketing to Burner	7. Specification	on Used Oil Fue	Marketer (or	On site Burner)
b. Other Marketer	Who First (Claims the Oil N	leets the Spec	ification
☐ c. Burner VII. Waste Fuel Burning: Type of Combustion Device (ent	tar 'Y' is all assessin	-4-6		
which hazardous waste fuel or off-specification used oil fuel is burned.	See instructions for a	definitions of co	cate type of con imbustion devi	ces.)
☐ A. Utility Boiler ☐ B. Industri			dustrial Furna	ce
VIII. Mode of Transportation (transporters only — enter	'X' in the approp	riate box(es)	a which the	
	ther (specify)			
IX. First or Subsequent Notification			的自然的	
Mark 'X' in the appropriate box to indicate whether this is your install notification. If this is not your first notification, enter your installation's l	lation's first notificate. EPA ID Number in the	ition of hazardo ne space provide	us waste activ d below.	vity or a subsequent
	The same	C. Ins	tallation's EPA	ID Number
A. First Notification	m C)			

				- For Official Use On	ly
			CW		T/A C
X. Description of Haza	ordous Wastes (co.	ntinued from from			1
A. Hazardous Wastes from	Nonspecific Sources.	Enter the four-digit nu	mher from 40 CER Bort 26		ezardous woots
from nonspecific sources	your installation handle	es. Use additional shee	ets if necessary.	71.51 for each fisted in	szaruous waste
11	2	3	4	5	6
7	8	9	10	11	12
B. Hazardous Wastes from S specific sources your inst	Specific Sources, Ente	er the four-digit number	r from 40 CFR Part 261.32	2 for each listed hazard	dous waste from
					
13	14	15	16	17	18
19	20	21	22		
			- 22	23	24
25	26	27	28	29	30
			No. of the last of		
C. Commercial Chemical Pr your installation handles v	oduct Hazardous Was	tes. Enter the four-dig	it number from 40 CFR Pa	rt 261.33 for each che	emical substance
	which may be a hazardo	ous waste. Use additio	nai sneets if necessary.		
31	32	33	34	35	36
37	1 1				
3/	38	39	40	41	42
					Made Brown and Asserted
43	44	45	-46	47	48
					40
D. Listed Infectious Wastes.	Enter the four-digit nu	mber from 40 CFR Par	t 261.34 for each hazardo	ous waste from hospita	Ils, veterinary hos-
pitals, or medical and rese	arch laboratories your	installation handles. U	se additional sheets if neo	cessary.	
49	50	51	52	53	54
E. Characteristics of Nonlist your installation handles. 6	ed Hazardous Wastes. See 40 CFR Parts 261.	. Mark 'X' in the boxes 21 — 261, 241	corresponding to the char	racteristics of nonlisted	d hazardous wastes
				38	
1. Ignitable (D001)		2. Corrosive (D002)	3. Reactive (D003)	and the same of th	☐ 4. Toxic (D000)
XI. Certification	enaughtani ing	Property Control			(BOOO)
	ty of law that I have	AND IN THE PROPERTY OF THE PRO	A CONTRACTOR OF PROPERTY OF STATE		
I certify under penali this and all attached	documents, and t	e personany exam hat hased on my i	nneu and am tamiliar nauiry of those indivi	WITH THE INTORMAL iduals immediated	ion submitted in
obtaining the informa	ation, I believe that	the submitted info	rmation is true, accur	rate and complete	lam aware that
there are significant	penalties for subm	itting false informa	ation, including the po	ossibility of fine an	d imprisonment.
Signature		Name and Office	cial Title (type or print)	Date	Signed
/////	11	John Roll	lo, President		
17/K/1/	1).	Join Ber	TO, FIESTURIE		
EDA E-/- (DTOO 40 /D /4	051 5				



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/17/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Identification Number for that installation appears in the box Resource Conservation and Recovery The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under

EPA I.D. NUMBER ->

NJD982727612

FACILITY NAME -> COINING TECHNOLOGIES INC

MAILING ADDRESS ->

400 KULLER RD CLIFTON, NJ 07011

INSTALLATION ADDRESS ->

400 KULLER RD CLIFTON, NJ 07011

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

FLACH, RALPH TO: CHIEF ENGINEER COINING TECHNOLOGIES INC 400 KULLER RD CLIFTON, NJ 07011

EPA

Notification of Regulated **Waste Activity**

Only original signature of the Generator is acceptable.

Date Received (For Official Use Only)

United States Environmental Protection Agency
L Installation's EPA ID Number (Mark X' in the appropriate box)
A. First Notification B. Subsequent Notification (Complete item C) C. Installation's EPA ID Number (Complete item C)
II. Name of Installation (Include company and specific site name)
COINING TECHNOLOGIES INC
III. Location of Installation Requires Building Number or Latitude and Longitude for processing.
Street Street
4 00 KULLER ROAD
City of Town 22
C L 1 F T O W
County Name
PASSAIC
IV. Installation Mailing Address
Street or P.O. Box
SAME AS ABOVE
City or Town State Zip Code
SAME AS ABOVE I SAME AS ABOVE
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (Last) First)
FLACH RALPH
Job Title Phone Number (Area Code and Number)
CHIEF ENGINEER 201-1253-0500
VI. Installation Contact Address A. Convact Address P. Street et B.O. Barrier
Location Mailing Other B. Street or P.O. Box
City or Town
ol al lal lal lal lal la la la la la la l
SAME AS ABOVE SAME AS ABOVE
A. Name of Installation's Legal Owner
BIGM A SSOCIATES LUC
Street, P.O. Box, of Route Number
HOOKULLER RDI
City or Town State Zip Code
CLIFTON IIII NITODOULIIII
Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator Month Day Year
2012530500 P P Yes X No 030896

VIII. Type of Regulated Waste Activity (Mark X' in the appropriate boxes; Refer to instructions) A. Hazardous Waste Activity A. Hazardous Waste Activity B. Used Oil Recycling Activities 1. Generator (See Instructions) 3. Treater, Storer, Disposer (at Institutions) 3. Treater Storer, Disposer (at Institutions) 3. Treater Storer, Disposer (at Institutions) 3. Treater Storer, Disposer (at Institutions) 4. Hazardous Waste Fiel 4. See Institutions 4. Hazardous Waste Fiel 4. See Institutions 5. Commercial purposes Mode of Transportation 1. Art 1. Senietr Deferral 2. Senietr Deferral 2. Senietr Deferral 3. Senietr Deferral 3. Senietr Deferral 4. Waster 5. Other - specify 6. Other - specify 6. Other - specify 6. Other - specify 7. Senietr Deferral 8. Reactive A. Totality (Doc) (Doc) (Doc) (Doc) 7. Reactive A. Totality (Doc) 7. Reactive A. Totality (Doc) 8. Reactive A. Totality (Doc) 8. Reactive A. Totality (Doc) 8. Listed Hazardous Wastes. (Mark X' in the boxes corresponding to the characteristic contaminant hazardous wastes your installation handlass See 40 CFR 261.31 - 33; See instructions! you need to list more than 12 waste codes.) 4. Is patient Park and the special park of		ELITE type (12 Characte	rs per inch) in the u	inshaded areas only	ID - For Offici	GSA No. 0246-EP
A. Hazardous Waste Activity 1. Generator (See instructions) 2. Generator (See instructions) 3. Instructions (See instructions) 3. Instruction (See instructions) 4. Generator (See instructions) 5. Location (See instructions) 6. Location (See instructions) 6. Location (See instructions) 7. Transporter (Indicate Mode in boxes 1-5 below) 8. Jeps of Combustion (See instructions) 8. Jeps of Combustion (See instructions) 9. See and Curative Event (See instructions) 1. See and Curative Event (See instructions) 1. See and (See instructions) 2. Constant (See instructions) 3. Highway 4. See and (See instructions) 4. See and (See instructions) 3. Highway 4. See and (See instructions) 4. See and (See instructions) 3. Highway 4. See and (See instructions) 4. See and (See instructions) 5. Underground Injection Control 6. See and (See instructions) 8. See and (See instructions) 8. See and (See instructions) 1. See instructions (See inst		Woods Astronomical	N' in the annual t		. Marting	Company of the Compan
1. Generator (See instructions) 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 1. Generator (Marketer Charlest Shipment of Used Oil to Of-Specification Burner installation) Note: A permit is required for this activity, see instructions. 2. Less than 100 kg/mc (220 bs.) 3. Transporter (Indicate Mode in bows 1-5 bellow) 4. For confimerical purposes 5. For confimerical purposes 6. For confimerical purposes 7. Smell Quantity Exemption 1. Smeller Deferral 2. Smell Quantity Exemption Tedicate Type of Combustion Device(e) 1. Smeller Deferral 2. Smell Quantity Exemption Tedicate Type of Combustion Device(e) 1. Utility Boller 2. Smell Quantity Exemption Tedicate Type of Combustion Device(e) 1. Utility Boller 2. Smell Quantity Exemption Tedicate Type of Combustion Device(e) 1. Utility Boller 3. Industrial Buller 3. Highway 4. Water 5. Other - specify 1. Utility Boller 2. Used Oil Process 5. Underground Injection Control 1. Transporter - Indicate Type of Tedicate Type of Combustion Device(e) 1. Utility Boller 3. Industrial Furnace 5. Used Oil Transporter - Indicate Type of Tedicate Type of Combustion Device(e) 1. Utility Boller 3. Industrial Buller 3. Industrial Buller 4. Used Oil Process 5. Used Oil Transporter - Indicate Type of Tedicate Type of Combustion Device(e) 1. Utility Boller 4. Used Oil Process 5. Used Oil Transporter - Indicate Type of Tedicate Type of Combustion Device(e) 1. Used Oil Transporter - Indicate Type of Tedicate Type of Combustion Device(e) 1. Used Oil Transporter - Indicate Type of Tedicate Type of Combustion Type (e) of Tedicate Type of Co	VIII. Type of Regulated			e boxes; Refer to ins	191313154120	ecoling Activities
S. Underground Injection Control B. Process B. Proc	a. Greater than 10 b. 100 to 1000 kg. c. Less than 100 kg. c. Less than 100 kg. Transporter (Indicabelow) a. For own waste of b. For commercial Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water	structions) 00kg/mo (2,200 lbs.) /mo (200-2,200 lbs.) g/mo (220 lbs) tele Mode in boxes 1-5 only purposes	3. Treater, Storinstallation) I required for instructions. 4. Hazardous V. a. Generator b. Other Mac. Boiler and 1. Smell 2. Small Indicate Typ Device(s) 1. Utility 2. Indus	Note: A permit is this activity; see Waste Fuel Marketing to Burner riceters Wor Industrial Furnactier Deferral I Quantity Exemption of Combustion Boiler Strial Boiler	1. Used Oil Fuel a. Marketer Dire Oil to Off-Sp b. Marketer Wh Oil Meets the 2. Used Oil Bum Combustion De a. Utility Boiler b. Industrial Boil c. Industrial Fur 3. Used Oil Trans of Activity(ies) a. Transporte b. Transfer Fa 4. Used Oil Proc	Marketer ects Shipment of Used ectification Burner to First Claims the Use e Specifications er - Indicate Type(s) of evice(s) ler mace sporter - Indicate Type(r actility essor/Re-refiner - Indicate
X. Description of Hazardous Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity Characteristic (List specific E-Aha_ardous waste number(s) for the Toxicity characteristic contaminant X X Toxicity Characteristic List specific E-Aha_ardous waste number(s) for the Toxicity characteristic contaminant X X X X X X X X X			_ 5. Underground	d Injection Control	a. Process	
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C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See instructions.) X. Certification i osally under penalty of Ew that this decrement and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system those persons directly responsible for gathering the information, including the possibility of fine and imprisonment for knowing violations. Signature or 1918 Name and Official Title (Type or print) PAPAH FASH Date Signed XI. Comments					y to the Gharacteristics	ง บา กบาแรเซน
X. Certification i certify under penalty of that this decreant and all attachments were prepared under my direction or supervision in accordance with a system designer assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations. Signature early in the early in the information and interpretations. Name and Official Title (Type or print) farph Flach Date Signed CHICF Engineer XI. Comments	B. Listed Hazardous Wa	2 8	3 3 9	ctions if you need to	list more than 12 waste	e codes.)
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XL Comments	assure that qualified person those persons directly resp	nnel properly gather and evaluations on sible for gathering the info	luate the information su ormation, the information	bmitted. Based on my inc i submitted is to the best	quiry of the person or person of my knowledge and belie	ns who manage the system f, true, accurate, and comp
		. //	Name and Official CHICF E	al Title (Type or print)	RALPH FLACH	Date Signed 5/22/9C
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)	XL Comments					
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)	·			. `		,
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)						
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